

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

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|--|-----------------------------------|--|---|
| 1. Agency Name CITY OF San JOSE | | Date Stamp 2013 JUL 26 AM 9:22 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) council OFFICE DISTRICT 3 | | | |
| Street Address 200 E. Santa Clara STREET, San JOSE, CA 95113 | | | |
| Designated Agency Contact (Name, Title) maggie le | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number (408) 535-4903 | E-mail district3@sanjoseca.gov | Date of Original Filing: _____ (month, day, year) | |

2. Function, Event, or Ceremonial Role Information

Title Sabercats v. Chicago Rush Face Value of Each Admission \$ 82.⁰⁰

Description Football Game Date(s) 07 / 27 / 13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☐ If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. | |
|---|---|--|--|---------------------------------|
| Washington neighborhood volunteers | 16 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | recognition | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

[Signature] Sam Liccardo councilmember 07/25/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)